

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Dry		5. LEASE DESIGNATION AND SERIAL NO. NM-14799
2. NAME OF OPERATOR Estoril Producing Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 400 W. Illinois, Suite 1600, Midland, Texas 79701		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FSL & 1980' FWL, NW 1/4 SW 4, Unit K		8. FARM OR LEASE NAME Union "A" Federal
14. PERMIT NO.		9. WELL NO. 2
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3634.2' GR		10. FIELD AND POOL, OR WILDCAT Lea (Penn) Gas
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 10, T20S, R34E
		12. COUNTY OR PARISH Lea
		13. STATE N.M.

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
(Other) <input checked="" type="checkbox"/> Plugging Report	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

13,590' TD. Plugged from 13,006'-12,806' with 85 sx. PD @ 6:00 PM on 6-22-88. Tagged plug @ 11:30 PM 6-22-88 @ 12,796'. 43 sx from 12,316'-12,216', PD @ 1 AM 6-23-88. 43 sx from 11,248'-11,148', PD @ 2:15 AM 6-23-88. 102 sx from 8077'-7877', PD @ 4:30 AM 6-23-88. 85 sx from 5210'-5010', PD @ 6:30 AM 6-23-88. Tagged plug @ 4985'. 30 sx from 3230'-3130', PD @ 11:30 AM 6-23-88. 44 sx from 1698'-1548', PD @ 12:30 PM 6-23-88. 30 sx from 90'-0', circulated @ 2:00 PM 6-23-88. Rig released @ 12:01 AM 6-24-88.

All cement was C1 "H" Neat mixed at 15.6 ppg & pumped through the drill pipe.

RECEIVED

JUL 08 1988

HOBBS, NEW MEXICO

18. I hereby certify that the foregoing is true and correct

SIGNED Becky M. Middleton

TITLE Prod. Supervisor

DATE 7-6-88

(This space for Federal or State office use)

APPROVED BY CHIEF, MINERAL RESOURCES

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

7-25-88

\*See Instructions on Reverse Side